

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030581

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1199

FILED AUG 21 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

c. FULL NAME OF DECEASED (If NOT in hospital, give location)

St. Johns Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5845 Kenwood

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

William

Charles

Anthes

## 4. DATE OF DEATH

Month

Day

Year

August

4

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Sept 11, 1908

## 9. AGE (last birthday)

53

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done)

Insurance Broker

## 10b. KIND OF BUSINESS OR INDUSTRY

Insurance

## 11. BIRTHPLACE (City and state or country)

Kansas City, Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Louis Anthes

## 13b. MOTHER'S MAIDEN NAME

Amelia Joss

## 14. NAME OF HUSBAND OR WIFE

Mary M Anthes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs Mary M Anthes, Kansas City, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Presumed to be natural causes

## INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

UNATTENDED BY A PHYSICIAN

## DUE TO (c)

Greene County Coroner was called.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Deceased had checked in at the Coach House Inn with

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

his wife around 3 PM. Was traveling thru Springfield. He

took sick during night and was DOA at 1:30 at Hospital

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from \_\_\_\_\_ and last saw him alive on \_\_\_\_\_

Death occurred at DOA 1:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D. Greene County Health Officer, Spfld

## 22c. DATE SIGNED

8-17-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

August 4, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Kansas City,

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Jewell E. Windle 630 St. Louis

## 25. DATE RECD. BY LOCAL REG.

Aug 20, 1962

## 26. REGISTRAR'S SIGNATURE

Effie E. McLean

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10397

23788

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97954

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1292.0

13

Permit renewed 8-4-63

VS AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jewell E. Windle

Licensed Embalmer No. 4737

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.